

Name in Full

Certificate of Death

122

MARYLAND

Died at

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living 3

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

5 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Barbara Rausch

Town

County

Died at

Banton

Baltimore

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

4

16

Age

61

Germany

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

None

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Mitral Insufficiency

Death

Immediate

Emphysema

How long sick

about 2 mths.

~~Accident, Suicide, Homicide~~

Reported by

Address

G. V. Hickey

21 Hudson St.

57

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near Still Pond		County Stuart		MARYLAND	
Date of death		Month Dec	Day 16	Age	Years 56	Months	Days
Sex Male		Color or Race White		Birth-place Rothschild			
Occupation Retired		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Robertine Allen					
Father's Name Raymond		Father's Birthplace Va					
Mother's Maiden Name Fowler		Mother's Birthplace Va					
Name of person giving Information Mrs O. H. Carrington		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease.	How long	one year.
Immediate	Heart-failure.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. S. Maxwell,
Yes.		Address	Still Pond, Md.
Accident or Suicide			

Still Pond

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately*, out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 8 Months, D

Color,

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 17 1874

{ Undertaker, James D Byrne

{ Place of Business, No 63 N Front St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[O'ER.]

CERTIFICATE OF DEATH

The following additional information is requested in relation to the causes of death enumerated below.

- | | |
|--|---|
| ANEURISM—Mode of Death. | MALIGNANT PUSTULE—Location and Cause. |
| 2. SPINAL MENINGITIS—Variety, whether epidemic or simply Inflammatory. | MALFORMATION—Variety. |
| OLD BIRTH—Circumstances producing Death. | METRITIS—Variety and Cause. |
| CANCER—Variety and Seat. | NECROSIS—Seat. Cause and Mode of Death. |
| CALCULUS—Mode of Death. | OVARIAN TUMOR—Mode of Death. |
| DENTITION—Mode of Death. | PARALYSIS—Variety and Cause. |
| DISEASE OF HEART—Variety. Valves involved. | PERITONITIS—Cause. |
| DROPSY—Variety and cause. | PHLEBITIS—Cause. |
| ENTERITIS & GASTRO ENTERITIS—Cause. Whether Diarrhoeal or not. | PYÆMIA—Cause. Nature of Injury, if any. |
| ERYSIPELAS—Seat and Cause. | PREMATURE BIRTH—Cause. Fœtal age. |
| FRACTURES—Cause and Mode of Death. | PRETERNATURAL BIRTH—Manner of. |
| GANGRENE—Seat and Cause. | SYPHILIS—Variety, Chief Location & Mode of Death. |
| GASTRITIS—Cause. | TETANUS—Nature of Injury, if any. |
| HERNIA—Variety and Mode of Death. | ULCER—Nature, Chief Location and Mode of Death. |
| INSANITY—Variety and Mode of Death. | WOUNDS—Cause, Variety, Seat and Mode of Death. |
| JAUNDICE—Cause and Mode of Death. | ABSCCESS—Cause, Location and Mode of Death. |
| MANIA, ACUTE—Cause and Mode of Death. | Specify every Surgical operation with fatal result. |
| MISCARRIAGE—Cause and Mode of Death. | Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death. |

JAMES A. STEUART, M.D.
Commissioner of Health and Registrar.

Name In Full

Certificate of Death

Harrew Ruter

Died at ^{Town} Hailhope ^{County} Balto.

MARYLAND

Date 19 ^{Month} Aug ^{Day} 12 ^{Y.} Age 18 mon ^{M.} ^{D.} ^{Native of} Md ^{Occupation}

Male ^{White} ^{Married} ^{Widow} ^{Divorced}

Female ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of

Wife

Father's

Name

Ruter

Mother's

82105 Ruter

Maiden Name

Cause of

Primary

Lost Intestinal Adhes

How long sick

3 weeks

Death

Immediate

Innoculation

Accident, Suicide, Homicide

Reported by

Howard Kalu M.D.

Address

2015 W. Pratt St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

10 X South St

other person superintending the burial, within twenty-four hours,
so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 4th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Lydia P. Reynolds*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *Thirty* Years, _____ Months, _____ Days.
Color, *White*

ed, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
ation, _____

place, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
ion of Residence in the City of Baltimore, *Lifetime*

of Death, { Give street and number. } *Baltimore County*

of Death, { First (Primary,) *fracture of Skull from Pregnancy*
Second (Immediate,) *Ulcer of Stomach*

tion of Last Sickness, *Several months*

All the above information should be furnished by the Physician.

of Burial, *Green Mt Cemetery*

of Burial, *April 18 1877*

undertaker, *J. W. Jenkins & Son*

place of Business, *16 Light St*

J. R. Patand M. D.
Medical Attendant.

Address *1114 Park Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

CERTIFICATE OF DEATH.

The following additional information is requested in relation to the causes of death enumerated below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and cause.

ENTERITIS & GASTRO ENTERITIS—Cause. Whether Diarrhoeal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location & Mode of D

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of D

WOUNDS—Cause, Variety, Seat and Mode of D

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the cause of Death.

JAMES A. STEUART, M. D.

Commissioner of Health and Regis

Name in Full

Certificate of Death

Died at *James R. Richter*
 Town *Smallwood* County *Carroll* MARYLAND

Date 189 *8* Month *April* Day *20* Y. *8* M. *years* D. *Carroll* Native of *Carroll* Occupation *None*
 Male *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband
 of
 Wife

Father's Name *Geo. Richter* Mother's Name *Annie Richter*

Cause of Death { Primary *Pneumonia* How long sick *7 days*
 Immediate *Heart* Accident, Suicide, Homicide

Reported by *Mrs. S. Mathews*
 Address *Prestonville Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

5677
 Wilhelmina Ribbel

Town

County

Died at

Highlandtown

Falto.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

10 28

Age

64

Germany

Housekeeper

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Charles Ribbel

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Thin Carcinoma of uterus

How long sick

6 months

Death

Immediate

Exhaustion 25d

~~Accident, Suicide, Homicide~~

Reported by

J. C. Schofield M.D.

Address

1114 1st

Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr......

of

Seen by Coroner.....

of

Information contained in this certificate received

from.....

of



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Eut Annie Richards</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MAYLAND	
Died at <i>Hagerstown</i>		Month <i>August</i>		Day <i>10</i>		Years <i>190</i>	
Date of death <i>190</i>		Age <i>25</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Unknown</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i></i>		How related to deceased <i></i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide			

1007-05-1969



Name
in
Full

Isaiah Ringer

CERTIFICATE OF DEATH

Died at ^{Town} Baltimore

County

MARYLAND

Date of death: 1887 Mar 8 Age 50

Months

Days

Sex: male Color or Race: White Birth-place: Wash Co

Occupation: Com. Mer. Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Married Name of Wife or Husband: Clara Lurie

Father's Name: Jacob Ringer Father's Birthplace: Wash. Co

Mother's Maiden Name: Leah Mcodemus Mother's Birthplace: " "

Name of person giving information: Clara Ringer How related to deceased: wife

CAUSES OF DEATH

Primary: Suicide How long: Instant.

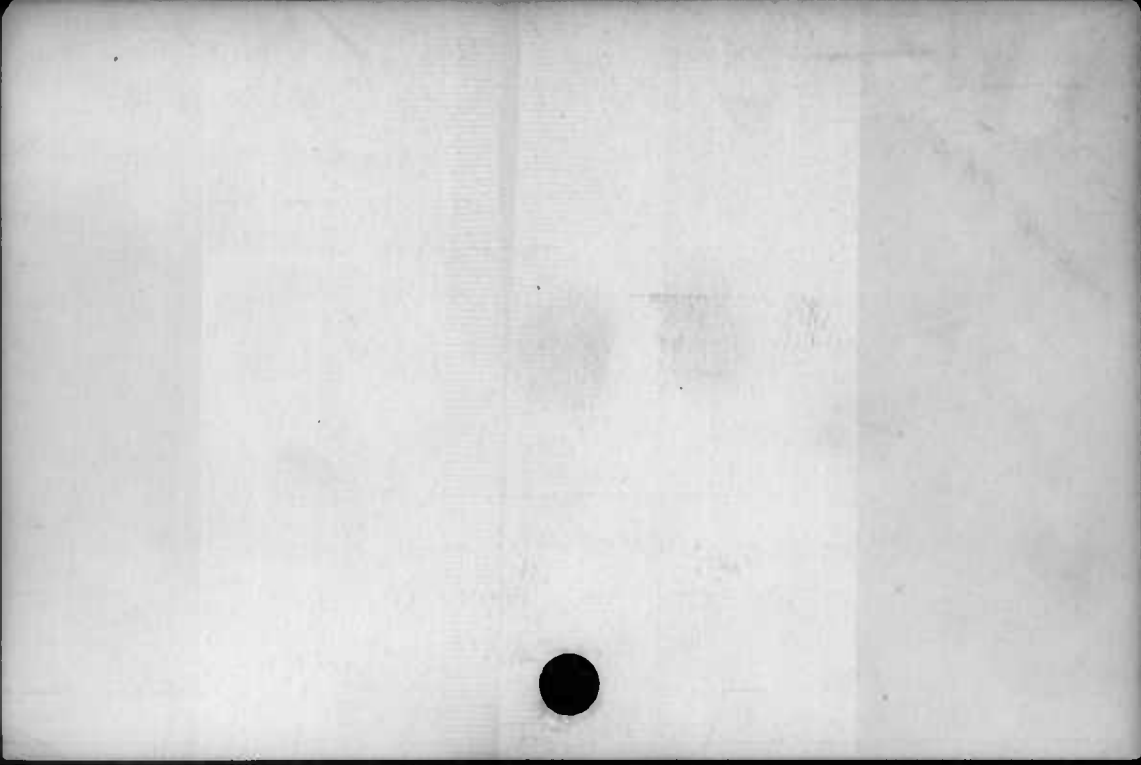
Immediate: Strangulation How long: "

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician: Dr. S. Davis

Address: Boonsboro

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Peter Slifer Ringer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Boonsboro ^{Town} Wash. ^{County} Geo. **MARYLAND**

Date of death 1979 ^{Month} Dec ^{Day} 29 Age 1 ^{Years} 1 ^{Months} 1 ^{Days} 6

Sex male Color or Race White Birth-place Boonsboro

Occupation Child Where Residing if not at place of death

~~Married~~, Single or Widowed Name of Wife or Husband

Father's Name J. B. Ringer Father's Birthplace Near Boonsboro

Mother's Maiden Name Alice A. Johnson Mother's Birthplace Boonsboro

Name of person giving Information J. B. Ringer How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chicken Pox How long 2 Weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H. B. Wheeler ^{Reg. Exp.}

Address Boonsboro Md

Accident or Suicide



Name in Full

Certificate of Death

Infant
Hagerstown

Ritter

Died at *Mr Ritter's Corbett Addition* County *Washington* MARYLAND

Date 189 *Aug. 28* Month *Aug.* Day *28* Y. *1* M. *6* D. *-* Native of *Maryland* Occupation *none*

Male *yes* White *yes* Married *yes* Widow *yes* Divorced *no*

Female *no* Colored *no* Single *no* Widower *no* Number of children living *don't know*

Husband of *John H. Ritter*

Wife of *Mary G. Ritter*

Father's Name *John H. Ritter* 82 Mother's Name *Mary G. Ritter*

Cause of Death { Primary *Mucous Enteritis* How long sick *Four Weeks*

Death { Immediate *Mal-assimilation of food* Accident, Suicide, Homicide

Reported by *L. M. Zimmerman M. D.*

Address *Hagerstown Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Lawson Robinson
Town

County

MARYLAND

Died at *Hagerstown*

Washington

Date of death *1890*

Month *Sept*

Day *22*

Age *5*

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Hagerstown Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Levy Robinson

Father's
Birthplace

Hagerstown Md

Mother's
Maiden Name

Maria Robinson

Mother's
Birthplace

Sharpsburg Md

Name of person giving
Information

Maria Robinson

How related
to deceased

mother

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

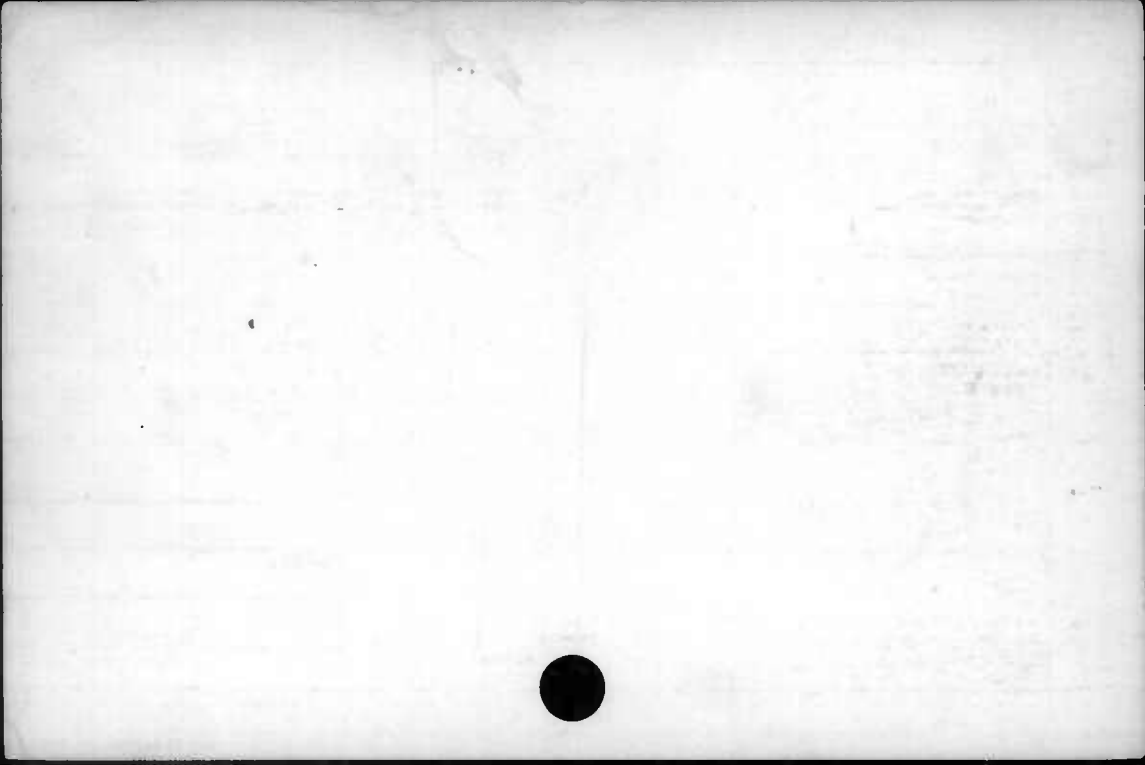
Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Eddie May Rogers

CERTIFICATE OF DEATH

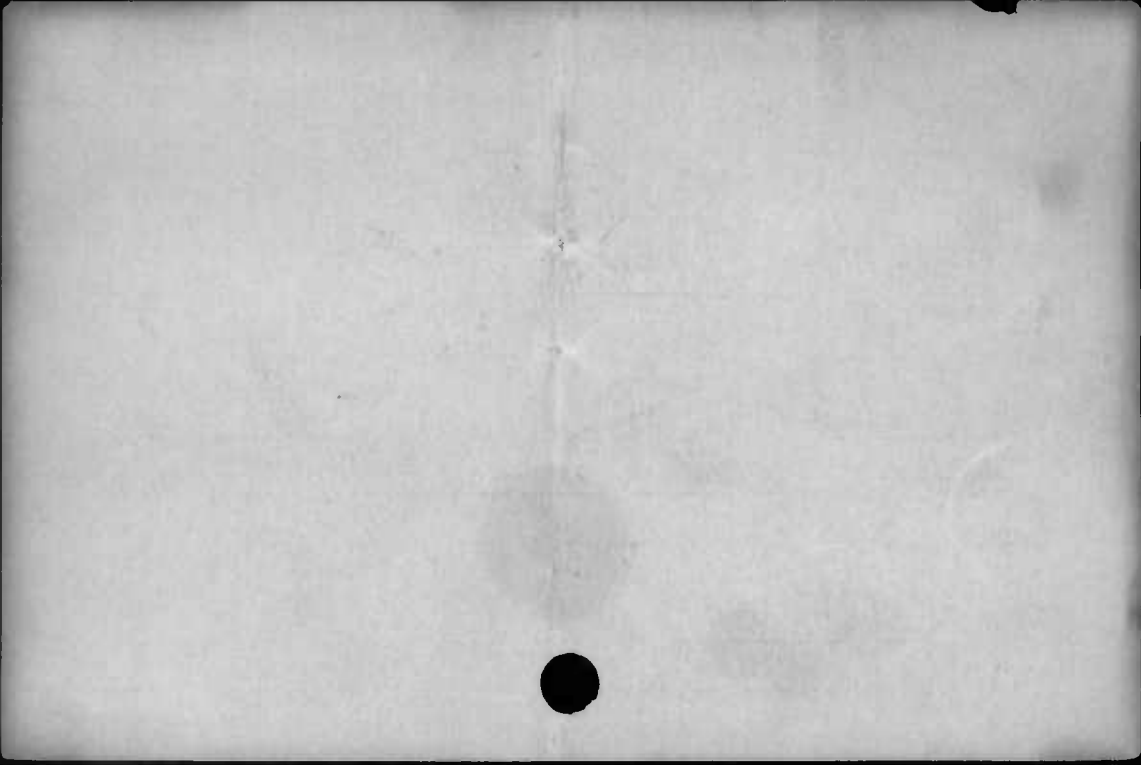
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bear Brook		County Becil		MARYLAND	
Date of death	1883	Month 2	Day 9	Age 10	Years 10	Months 4	Days 14
Sex	Female		Color or Race	White		Birth- place	Bear Brook
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	S. Howard Rogers					Father's Birthplace	Bear Brook
Mother's Maiden Name	Martha A. Hooker					Mother's Birthplace	Chester W. Va.
Name of person giving Information	S. Howard Rogers					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long	6 days
Immediate	Double Pneumonia	How long	2 1/2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
JLS		D. L. Gifford	
		Address	
		Bristol Md	
Accident or Suicide?			



Lorenz. Post

Town

County

Died

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

American Sentinel 11-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Child of A. Rothstein
 Town _____ County _____

Died at

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1900	Feb	10					
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of, Primary

How long sick

Death, Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Mrs. Maggie Rowland

Town

County

MARYLAND

Died at

Larue de Chase

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

78

~~Male~~

White

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's
NameMother's
Name

Cause of

Primary

Consumption

22a

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Republican 9-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daniel Ruck

Died at ^{Town} Smokestown ^{County} Wash. MARYLAND

Date 1890 ^{Month} Sept ^{Day} 25 ^{Y.} Age 59 ^{M.} ^{D.} ^{Native of} Wash. Co ^{Occupation} Farmer

Male ^{White} Married ^{Widow} Divorced
~~Female~~ ^{Colored} Single ^{Widower} Number of children living None

Husband of Kate Bishop

Father's Name Henry Ruck Mother's Name Barbara Middlecough

Cause of Death { Primary Paralysis - 44 66 How long sick 10 days
 Immediate Heart Failure Accident, Suicide, Homicide

Reported by L. S. Davis M.D.

Address Brownsboro Md -



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Date of death	1884	Month	April	Day	24	Age	67
Sex	Male	Color or Race	White	Months		Days	
Occupation				Where Residing if not at place of death		Birth-place	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Seemed to die in the

May 1 1905.
J. S. J. A.

Died at

Date 1890

Male

~~Female~~

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

William Harrison Russell

Town

County

MARYLAND

Annapolis Anne Arundel Co.

Month

Day

Y.

M.

D.

Native of

Occupation

July 6 Age 12 yrs

Age

~~Married~~~~Widow~~~~Divorced~~

White

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

George Russell

Primary Cholera Infantum

Immediate Asthenia

Geo Wells MD

Annapolis Md

How long sick

24 hours.

Accident, Suicide, Homicide

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

